

<i>SERFF Tracking Number:</i>	<i>AMRS-125289435</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AMERISURE MUTUAL INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026063</i>
<i>Company Tracking Number:</i>	<i>AR-CA-09-07-WF</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>COMMERCIAL AUTOMOBILE</i>		
<i>Project Name/Number:</i>	<i>/AR-CA-09-07-WF</i>		

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY		
Product Name: COMMERCIAL AUTOMOBILE SERFF Tr Num: AMRS-125289435 State: Arkansas		
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: AR-PC-07-026063
Sub-TOI: 20.0003 Other	Co Tr Num: AR-CA-09-07-WF	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Dacia Owens	Disposition Date: 09/14/2007
	Date Submitted: 09/12/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal): 01/01/2008

General Information

Project Name:	Status of Filing in Domicile:
Project Number: AR-CA-09-07-WF	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/14/2007	
State Status Changed: 09/12/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
AMERISURE MUTUAL INSURANCE AND AMERISURE INSURANCE COMPANIES ARE MEMBERS OF ISO INC., AND RELY ON ISO TO FOR OUR CANCELLATION PROVISIONS TO MEET THE REQUIREMENTS OF YOUR JURISDICTION. THEREFORE, WE WISH TO WITHDRAW COMPANY FORM IL 70 11 05 96 - AMENDMENT OF CANCELLATION PROVISIONS. WE WISH PROPOSE THIS WITHDRAWAL TO BECOME EFFECTIVE JNAUARY 1, 2008.	

Company and Contact

SERFF Tracking Number:	AMRS-125289435	State:	Arkansas
First Filing Company:	AMERISURE MUTUAL INSURANCE COMPANY, ...	State Tracking Number:	AR-PC-07-026063
Company Tracking Number:	AR-CA-09-07-WF		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	COMMERCIAL AUTOMOBILE		
Project Name/Number:	/AR-CA-09-07-WF		

Filing Contact Information

Dacia Owens, COMPLIANCE ANALYST II 26777 HALSTED RD. FARMINGTON HILLS, MI 48331	dowens@amerisure.com (800) 257-1900 [Phone] (248) 426-7789[FAX]
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Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 23396 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:
AMERISURE INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 19488 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	COMMERCIAL AUTOMOBILE		
Project Name/Number:	/AR-CA-09-07-WF		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/14/2007	09/14/2007
Withdrawn	Llyweyia Rawlins	09/14/2007	09/14/2007

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TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	COMMERCIAL AUTOMOBILE		
Project Name/Number:	/AR-CA-09-07-WF		

Disposition

Disposition Date: 09/14/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>AMRS-125289435</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AMERISURE MUTUAL INSURANCE</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026063</i>
	<i>COMPANY, ...</i>		
<i>Company Tracking Number:</i>	<i>AR-CA-09-07-WF</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>COMMERCIAL AUTOMOBILE</i>		
<i>Project Name/Number:</i>	<i>/AR-CA-09-07-WF</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	AMENDMENT OF CANCELLATION PROVISION	Approved	Yes

SERFF Tracking Number:	AMRS-125289435	State:	Arkansas
First Filing Company:	AMERISURE MUTUAL INSURANCE COMPANY, ...	State Tracking Number:	AR-PC-07-026063
Company Tracking Number:	AR-CA-09-07-WF		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	COMMERCIAL AUTOMOBILE		
Project Name/Number:	/AR-CA-09-07-WF		

Disposition

Disposition Date: 09/14/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal): 01/01/2008
Status: Withdrawn
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<i>First Filing Company:</i>	<i>AMERISURE MUTUAL INSURANCE</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026063</i>
	<i>COMPANY, ...</i>		
<i>Company Tracking Number:</i>	<i>AR-CA-09-07-WF</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>COMMERCIAL AUTOMOBILE</i>		
<i>Project Name/Number:</i>	<i>/AR-CA-09-07-WF</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	AMENDMENT OF CANCELLATION PROVISION	Approved	Yes

SERFF Tracking Number: AMRS-125289435 State: Arkansas

First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: AR-PC-07-026063

COMPANY, ...

Company Tracking Number: AR-CA-09-07-WF

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: COMMERCIAL AUTOMOBILE

Project Name/Number: /AR-CA-09-07-WF

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AMENDMENT OF CANCELLATION PROVISION	IL 70 11	05 96	Endorsement/Withdrawn/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:		IL70110596.pdf

**THIS ENDORSEMENT AMENDS YOUR POLICY. PLEASE READ IT CAREFULLY.
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED**

AMENDMENT OF CANCELLATION PROVISION

This endorsement modifies the insurance provided under the following:

COMMON POLICY CONDITIONS

Item 2. of **A. CANCELLATION** is deleted and replaced with the following:

2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 60 days before the effective date of cancellation if we cancel for any other reason.

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	<i>COMPANY, ...</i>		
<i>Company Tracking Number:</i>	<i>AR-CA-09-07-WF</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>COMMERCIAL AUTOMOBILE</i>		
<i>Project Name/Number:</i>	<i>/AR-CA-09-07-WF</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	AMRS-125289435	State:	Arkansas
First Filing Company:	AMERISURE MUTUAL INSURANCE COMPANY, ...	State Tracking Number:	AR-PC-07-026063
Company Tracking Number:	AR-CA-09-07-WF		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	COMMERCIAL AUTOMOBILE		
Project Name/Number:	/AR-CA-09-07-WF		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	09/14/2007
Comments:				
Attachment:	industry_rates_PCtransDoc_intelligent-AUTO.pdf			

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	AMERISURE INSURANCE				Group NAIC #	0124
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
AMERISURE MUTUAL INSURANCE CO.	MICHIGAN	23396	38-0829210			
AMERISURE INSURANCE CO.	MICHIGAN	19488	38-1869912			

5. Company Tracking Number	AR-CA-09-07-WF
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
DACIA OWENS, 26777 HALSTED RD., FARMINGTON HILLS, MI 48331	COMPLIANCE ANALYST	800-257-1900 EXT. 54270	248-426-7789	dowens@amerisure.com
7. Signature of authorized filer				
8. Please print name of authorized filer		DACIAOWENS		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0 Commercial Auto			
10. Sub-Type of Insurance (Sub-TOI)	20.0003 Other			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input checked="" type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New: 01-01-2008	Renewal: 01-01-2008		
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	09-12-07			
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # AR-CA-09-07-WF

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

AMERISURE MUTUAL INSURANCE AND AMERISURE INSURANCE COMPANIES ARE MEMBERS OF ISO, INC, AND RELY ON THEM FOR CANCELLATION PROVISIONS AS REQUIRED FOR YOUR JURISDICTION. THEREFORE, WE WISH TO WITHDRAW COMPANY FORM IL 70 11 05 96 - AMENDMENT OF CANCELLATION PROVISIONS FROM USE WITH OUR COMMERCIAL AUTOMOBILE LINE OF BUSINESS. WE WISH TO PROPOSE AN EFFECTIVE DATE OF JANUARY 1, 2008.

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: NA

Amount: NA

NOT CHECK WAS PROVIDED AS THIS FILING IS A WITHDRAWAL.

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-CA-09-07-WF			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	AMENDMENT OF CANCELLATION PROVISIONS	IL 70 11 05 96	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1